

## CHECKLIST FOR BUSINESS OCCUPANCIES

| Building No.  | Installation: | Date: | YES                      | NO                       |
|---|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire plans posted?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted on each official telephone?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are hallways, stairs, attics and concealed spaces or areas near heating appliances free of combustibles? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are trash containers made of noncombustible material and emptied daily?                                  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are fire extinguishers visually inspected regularly?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are operating instructions attached to fire extinguishers and fire point signs posted?                   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are coffee making appliances placed on a noncombustible surface and unplugged if not in use ?            |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are exits, exit access and exit discharge free of obstructions?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are illuminated exit signs working?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |

Printed name, rank and signature of inspecting person:

Instructions: Complete checklist monthly for each building, keep on file for one year and note corrective actions taken on the reverse side.

## CHECKLIST FOR STORAGE OCCUPANCIES

| Building No. | Installation:  | Date:                    | YES                      | NO |
|--------------|--|--------------------------|--------------------------|----|
| 1.           | Are emergency phone numbers posted on each official telephone?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 2.           | Are fire extinguishers visually inspected regularly?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 3.           | Are operating instructions attached to fire extinguishers and fire point signs posted?                           | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 4.           | Are waste containers made of noncombustible material and covered?  | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 5.           | Are all combustible wastes disposed daily before closing?  | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 6.           | Are smoking restrictions enforced?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 7.           | Are blocked warehouse doors provided with appropriate signs on the outside in English and German?                | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 8.           | Are fire doors in operable condition, not blocked and kept closed?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 9.           | Are warehouse ramps clear and unobstructed?  | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 10.          | Are packing materials stored in covered metal receptacles?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 11.          | Are electrical systems de-energized at the main switch during non-duty hours?                                    | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 12.          | Are 18 inches distance maintained with storage to light fixtures heating appliances and sprinkler heads?         | <input type="checkbox"/> | <input type="checkbox"/> |    |
| 13.          | Are individuals appointed to conduct detailed inspections after work hours to ensure that the area is fire safe? | <input type="checkbox"/> | <input type="checkbox"/> |    |

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| Printed name, rank and signature of inspecting person: |
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Instructions: Complete checklist monthly for each building, keep on file for one year and note corrective actions taken on the reverse side.

## CHECKLIST FOR EDUCATIONAL OCCUPANCIES

| Building No.   | Installation: | Date: | YES                      | NO                       |
|--|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire plans posted?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted on each official telephone?                                |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are trash containers made of noncombustible material and emptied daily?                       |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are fire extinguishers visually inspected regularly?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are operating instructions attached to fire extinguishers and fire point signs posted?        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are coffee making appliances placed on a noncombustible surface and unplugged if not in use ? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are exits, exit access and exit discharge free of obstructions?                               |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are panic hardware, exit lights and emergency illumination operational?                       |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are fire alarm signals audible in every room?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are flameproof curtains and drapes used in auditoriums and gymnasiums?                       |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are fire drills held and recorded?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are chemicals and flammables stored in metal cabinets?                                       |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:   |               |       |                          |                          |

Instructions: Complete checklist monthly for each building, keep on file for one year and note corrective actions taken on the reverse side.

## CHECKLIST FOR DINING FACILITIES

| Building No.  | Installation: | Date: | YES                      | NO                       |
|---|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire plans posted?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted on each official telephone?                         |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are fire extinguishers visually inspected regularly?                                   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are operating instructions attached to fire extinguishers and fire point signs posted? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are exits, exit access and exit discharge free of obstructions?                        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are panic hardware, exit lights and emergency illumination operational?                |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are plastic waste receptacles used for noncombustible trash only?                      |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do electric fixtures and appliances meet requirements?                                 |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are ducts, fans, filters and exhaust systems cleaned regularly?                        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are light fixtures in exhaust hoods vapor proof?                                      |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is kitchen personnel instructed on location of main shut off valves?                  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are deep fat fryers and electrical grills checked frequently by qualified personnel?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are deep fat fryers located underneath exhaust hoods?                                 |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have personnel been instructed how to extinguish grease fires?                        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:                                    |               |       |                          |                          |
| <br><br><br><br><br>  |               |       |                          |                          |

Instructions: Complete checklist monthly for each building, keep on file for one year and note corrective actions taken on the reverse side.

## CHECKLIST FOR AIRCRAFT HANGARS

| Building No.  | Installation: | Date: | YES                      | NO                       |
|---|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire plans posted?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted on each official telephone?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are fire extinguishers visually inspected regularly and operating instructions attached?                         |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are exits, exit access and exit discharge free of obstructions?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are panic hardware, exit lights and emergency illumination operational?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are trash containers made of noncombustible material and emptied daily?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the fire evacuation and emergency operation plan current and are personnel familiar with the contents?        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are flammable and combustibles properly stored?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are signs posted "Cleaning with gasoline prohibited?"  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are fueling operations on an aircraft exclusively accomplished outdoors?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are oily rags kept in tightly covered metal containers and is dirty work clothing stored in ventilated lockers? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is welding conducted in a protected area, free of fuel and vapors and away from combustible material?           |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are electrical fixtures installed by qualified engineer personnel   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are electrical appliances in hazardous areas explosion proof?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are aircraft properly grounded and batteries disconnected when parked in the hangar?                            |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:  |               |       |                          |                          |

## CHECKLIST FOR HEALTH CARE OCCUPANCIES

| Building No.  | Installation: | Date: | YES                      | NO                       |
|---|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire plans posted?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted on each official telephone?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are fire extinguishers visually inspected regularly and operating instructions attached?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are exits, exit access and exit discharge free of obstructions?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are panic hardware, exit lights and emergency illumination operational?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are trash containers made of noncombustible material and emptied daily?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the fire evacuation and emergency operation plan current and are personnel familiar with the contents?                                |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are oxygen cylinders stored separately from gases, lubricants or combustible material?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are medical flammables stored in separate rooms, vaults or safety lockers?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are electric fixtures in flammable anesthetic locations protected against sparking and mechanical damage and vapor and explosion proof? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are curtains in laboratories flameproof?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is a fire drill held for each shift once a quarter?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are fire doors and smoke stop partitions kept closed?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the fire alarm /suppression system operable and maintained?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:  |               |       |                          |                          |

## CHECKLIST FOR AMMUNITION STORAGE AREAS

| Building No.  | Installation: | Date: | YES                      | NO                       |
|---|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire orders and layout plans posted at the guard house?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted on each official telephone?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are fire extinguishers visually inspected regularly and operating instructions attached?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do electrical fixtures and appliances meet required standards?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are telephone systems and communication equipment in the area tested regularly and are personnel familiar with emergency reporting procedures? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are signs "No open flames" and the appropriate symbols posted?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are matches and lighters deposited at the gate before entering?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are fusible links for automatic closing of fire doors and screens on ventilation shafts installed and operable?                                |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are vegetation and undergrowth kept short?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are vehicles entering the area provide with fire extinguishers?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |

Printed name, rank and signature of inspecting person:

Instructions: Complete checklist monthly for each building, keep on file for one year and note corrective actions taken on the reverse side.

## CHECKLIST FOR PLACES OF PUBLIC ASSEMBLY

| Building No.  | Installation: | Date: | YES                      | NO                       |
|---|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire orders, layout plans and maximum occupant load orders posted?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted on each official telephone?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are fire extinguishers visually inspected regularly and operating instructions attached?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do electrical fixtures and appliances meet required standards?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are exits, exit access and exit discharge free of obstructions?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are panic hardware, exit lights and emergency illumination operational?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are trash containers made of noncombustible material and emptied daily?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are employees trained and instructed in emergency and evacuation procedures, handling of fire extinguishers and emergency reporting? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are all exit doors unlocked during hours of operation?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all curtains and combustibles kept away from heating appliances?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are curtains treated to be flame retardant?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are daily fire prevention inspections conducted and recorded?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the fire alarm /suppression system operable and maintained?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |

Printed name, rank and signature of inspecting person:

Instructions: Complete checklist monthly for each building, keep on file for one year and note corrective actions taken on the reverse side.



## CHECKLIST FOR FAMILY HOUSING UNITS

| Building No.   | Installation: | Date: | YES                      | NO                       |
|--|---------------|-------|--------------------------|--------------------------|
| 1. Are emergency telephone numbers available at all telephones?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are fire orders in each staircase?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are exits, exit access and exit discharge free of obstruction?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are hallways of basements, utility rooms, staircases and attics free of combustibles?                               |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are storage rooms locked to prevent access of unauthorized persons?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are electrical installation, fixtures and appliances in safe condition?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all occupants informed to keep matches and lighters out of children's reach.                                    |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have occupants been informed of the dangers of starting a grill with fuel?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have occupants been warned of smoking in bed?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have the occupants been informed of the hazard of unattended cooking ?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are basement storage rooms and hallways kept free of flammables, lawn mowers and other gasoline powered equipment? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are smoke detectors tested as required and in operable condition?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:   |               |       |                          |                          |

Instructions: Complete checklist monthly for each building, keep on file for one year and note corrective actions taken on the reverse side.

## CHECKLIST FOR MOTOR POOLS, REPAIR SHOPS AND OTHER INDUSTRIAL OCCUPANCIES

| Building No.   | Installation: | Date: | YES                      | NO                       |
|--|---------------|-------|--------------------------|--------------------------|
| 1. Are emergency phone numbers posted on each official telephone?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are fire extinguishers visually inspected regularly, operating instructions attached and personnel instructed on how to use?        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are exits, exit access and exit discharge free of obstructions?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are panic hardware, exit lights and emergency illumination operational?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are trash containers made of noncombustible material, covered and emptied daily?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the fire evacuation and emergency operation plan current and are personnel familiar with the contents?                           |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are flammables properly stored in metal cabinets not exceeding supply for one day?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are signs posted "Cleaning with gasoline prohibited?"   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are spray paint operations restricted in the general work area?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are oily rags kept in tightly covered metal containers and is dirty work clothing stored in ventilated lockers?                    |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is welding conducted in a protected area, free of fuel and vapors, away from combustible material and are extinguishers available? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are electrical fixtures installed by qualified engineer personnel ?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are electrical appliances in hazardous areas explosion proof?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:   |               |       |                          |                          |

## CHECKLIST FOR CLASS III AND DISPENSING AREAS

| Building No.  | Installation: | Date: | YES                      | NO                       |
|---|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire plans, fire orders and area maps posted?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted at all telephones?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has a fuel handlers permit been issued to each employee dealing with POL products?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is installed fire fighting equipment in the area and on vehicles inspected regularly and operable?                             |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are fire alarm/suppression systems operable and maintained?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire breaks free of combustibles (dry vegetation, leafs, trash)?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the area inside retaining walls free of combustibles and vegetation?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are valves and other devices for draining rain water from the diked area kept closed?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are tanks, pumps and associated equipment properly grounded before loading or unloading?                                       |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is decanting of POL performed in adequate distance from storage sections or stacks to prevent spread of fire?                 |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are POL containers provided with covers and leaky containers immediately removed?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the use of gasoline for cleaning purposes prohibited?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have electric wiring and appliances been installed by qualified engineer personnel and are deficiencies reported immediately? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have employees been trained in the use of first aid fire fighting equipment?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:  |               |       |                          |                          |

## CHECKLIST FOR SOLDIERS BARRACKS

| Building No.   | Installation: | Date: | YES                      | NO                       |
|--|---------------|-------|--------------------------|--------------------------|
| 1. Are up-to-date fire plans posted on each floor and are fire orders posted on bulletin board?                                  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency phone numbers posted at all official telephones?  |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are installed fire extinguishers visually inspected and operating instructions attached?                                      |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are at least two remote exits available on each floor and are exits, exit access and exit discharge free of obstructions?     |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are electrical appliances safely placed, approved and limited in number to prevent overloading of circuits?                   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is small arms ammunition stored in a fire resistive room and is the fire rated room doors marked with the appropriate symbol? |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are audible fire alarm devices installed?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are troops informed that smoking in bed, heating up floor wax hot waxing and use of hot plates is strictly prohibited?        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are exits clearly marked with exit signs?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is fire alarm system in operable condition and maintained?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are kitchens, when available, kept clean and free of grease accumulation on and around cooking areas?                        |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are range-top fire extinguishing systems operable, charged and maintained?   |               |       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printed name, rank and signature of inspecting person:   |               |       |                          |                          |

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